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APPLICANTS

Jan Otto Solem, Stetten, SWITZERLAND;
 Per Ola Kimblad, Lund, SWEDEN;

**** CONTINUING DATA *******
 This application is a 371 of PCT/SE00/01369 06/28/2000

**** FOREIGN APPLICATIONS *******
 SWEDEN 9902455-6 06/29/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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ADDRESS
 30452
 EDWARDS LIFESCIENCES CORPORATION
 ONE EDWARDS WAY
 IRVINE , CA
 92614

TITLE
 Device and method for treatment of mitral insufficiency

FILING FEE RECEIVED 2498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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